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ABSTRACT

This paper explores the role of the school in addressing the problem of alcoholic students in elementary schools. The first chapter provides a historical overview of alcohol abuse and society's response to it. Emphasis is placed on the program of Alcoholics Anonymous; the first National Committee on Education about Alcoholism; the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970; and the emergence of alcohol abuse among elementary school students. The second chapter depicts the current state of knowledge about alcoholism and its diagnosis; identification of alcoholic youth; and treatment, recovery, and rehabilitation. Sixteen symptoms of children at-risk of relapse into alcoholism are described. The third chapter discusses the need for, and ways to bring about the education of children regarding alcohol and its effects on individuals and families. It is argued that children need to see commercials which counter the glamorization of alcohol consumption with depictions of the results of alcohol abuse, such as homeless, parentless, hungry children. The fourth chapter indicates directions for policy, programs, and social action, including research needs, suggested changes in education and legislation, and ways parents can help prevent alcohol abuse among children. Each chapter is supplemented by annotated bibliographic citations and a list of references. (RH)

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The Alcoholic Child in the Elementary School

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Topic Proposal

While many aspects of alcohol and alcoholism remain a mystery, there is no question that it is a powerful drug.

It has turned up in different places at different times and in different forms, yet there is scarcely an age or culture in which it was not known or a problem.

The first chapter will give an historical overview of alcohol abuse first, to current times. My topic will stem around the alcoholic child in the elementary school, but due to lack of research till about 1976, we must look at alcohol's history to get to my topic.

The next chapter will give current information on first diagnosing the alcoholic child in the classroom. This chapter will be geared to help educators who will possibly someday be facing a child in their school who may be alcoholic.

Here educators will see what current researchers describe as the alcoholic child and what is meant by alcoholism. Following an understanding of these two concepts, we can begin to look at and understand signs and symptoms educators will need to know.

When we understand what it is we are seeing, this disease of alcoholism, then we will look at the different types of remediation for these children, and also how educators play a role in the beginning process of remediation for these elementary school children. Assessing these children, their situations and how they are remediated will be our next goal in this chapter.

The fourth chapter will look at the needs assessment. Here we must evaluate our current status on the situation of the alcoholic youth and what is still needed in this area. The key to this will be education. Education will be discussed in terms of the children themselves, the educators involved, and most importantly the adults of these children.

Finally, the topic of new directions must be addressed. Here we will take a look at what direction alcohol abuse, relating to these children, is going. From there we will look at what direction the aspect of remediation will probably go in the next decade.

We will look at the mass media and its role in our new directions as well as our school systems and educators, who will be directly involved with these children. Maybe both have no directions for the next

decade, maybe we will follow our past history and do nothing much about an already known problem. Hopefully, it will not take us another 150 years to take affirmative action to combat this serious, fast-spreading problem of alcohol abuse.

Researchers are saying the current trend is showing that the alcoholic is younger than ever before. Will we act fast or wait? Education, the key to it all!

Historical Overview

The Alcoholic Child in Our Elementary Schools

Alcohol has been intriguing and intoxicating humans for as long as history itself. Yet, the topic of alcohol abuse and the elementary school child has a much shorter history. Therefore, we must look at the research shown first about alcohol abuse in general to obtain a thorough history of alcohol abuse of the elementary school child.

Alcohol played an important role throughout the world and was no less important in the history of our nation. From a worldwide look, back as early as 4 B.C. - 65 A.D., history began noting two distinctions in the type of drunken person. "In one case to that of a man who is loaded with wine and has no control of himself; in the other to that of a man who is accustomed to getting drunk and is a slave to the habit" (Tarter, 1976). These two distinctions follow throughout the world and its history, from past to present.

In the early New England days of our nation, drinking was a fact of everyday life. Drinking was never looked down upon, only the drunkard. In these

days, some 200 years ago, the two basic social institutions were the church and the tavern.

Beginning even in these early days, the drunken or the intoxicated person has been looked upon as a "social misfit, a moral degenerate, or as a sinner without shame" (Ewing, 1978).

The treatment for these people remained the same for most of our 200 years of history. Many times, in our history's beginning years, intoxication was considered a sin and handled by the clergy. These individuals afflicted with intoxication were handled through "admonition, suspension and finally excommunication by the church" (Tarter, 1976).

As times began to change, the way people looked at the intoxicated person remained the same. They were still thought of as immoral and social outcasts. Treatments did however change somewhat. Now, not only the church tried to correct the problem, but the social system began to get involved also - the alcoholics were now criminals. Therefore, corrections for the intoxicated person included fines, whippings and imprisonments. Remember too, that these treatments went along with all other religious sanctions. "Alcoholics were thrust into bilboes,

which were long bars or bolts of iron with sliding shackles" (Tarter, 1976).

Other supposedly therapeutic measures provided for alcoholics long ago were generally the same and quite drastic from time to time. They ranged from whippings, terror, plunging into cold water, sweats (like detox), and of course jails.

The next stride in the history of helping alcoholics to recover from alcohol abuse is probably the most important in all of our history. It is a fellowhsip of men and women, founded in the year 1935, called Alcoholics Anonymous. It is because of this fellowship's belief that the alcoholic has a disease called alcoholism, that the actual concept of the "disease" begins to really gel in our society. This is not a new concept. It has been a recurring factor throughout the history of our nation. "There is substantial proof and knowledge attesting to the fact that the alcoholic is a diseased person, for at least 150 years" (Ewing, 1978).

A brief look at Alcoholics Anonymous here is a must. It is a significant turning point in the history of the alcoholic. As mentioned previously, it was founded in 1935, in Akron, Ohio, by two men,

called Bill W., a New York stockbroker and Dr. Bob, a physician from Akron, Ohio. "June 10, 1935, Dr. Bob has his last drink, Alcoholics Anonymous founded" (Author Anonymous, 1957).

Here is a description of Alcoholics Anonymous which is read at the beginning of every meeting throughout the world.

> Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they solve their common problem and help others recover from alcoholism.
>
> The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety" (Tarter, 1976).

The A.A. philosophy can be briefly summed up as a self-help group that began to assume responsibility for assessing and helping the alcoholic. Its philosophy basically includes, Twelve Steps, Twelve Traditions and a dependence eventually on a Higher Power, for recovery.

Another step in the history of the recovering alcoholic, is the development of detoxification

centers. These centers really began sometime shortly after the beginning of Alcoholics Anonymous began. The purpose of these detoxification centers are to "drug out" or "sober up" the alcoholic. Due to the variety of effects the alcohol has on each individual's body, these centers are most necessary for some alcoholics. In early stages of detoxification, for some, seizures may occur, as well as tremors, sweats, or more serious delirium tremors (DT's). These DT's are accompanied by confusion, disorientation, hallucinations and intense agitation.

Unfortunately, at these 28-day drying-out detox centers, many of them resort to using medication. At the earliest of times, Paraldehyde was used as a detoxifying agent. Then as medicine advanced, supposedly, they began using drugs such as librium and valium, as detoxifying agents. (Unfortunately, little was known then of the addicting properties of these medications on alcoholics.)

In general, these places are in hospitals. A special unit or number of beds are reserved for detoxing patients, with standard orders to be interpreted by the nurse and/or doctor on duty.

At this time in history, the medical profession

did not consider alcoholism a disease, it was only Alcoholics Anonymous which believed that concept. Therefore, the problem of the alcoholic was now compounded once they were put into detox units. There was not an insurance company anywhere which incurred these costs. So detox centers went from hospitals to mission houses and halfway houses to help defer the medical costs. Unfortunately, the medical care was usually not available at these places. Detox centers were a very important step towards realizing that alcoholics needed medical help and that alcoholism was a medical problem, not a social problem.

Around the time these detox centers were emerging, the first National Committee on Education about Alcoholism also emerged. In 1950, it emerged from Yale University Center, "the council became fully independent from Yale and took on the premise that the alcoholic can recover" (Tarter, 1976).

This council, along with Alcoholics Anonymous, began to work together in helping alcoholics recover, and began taking inventory of the resources available for the handling of this disease.

The first state to address a commission to this

problem of alcoholism was Connecticut, in 1945. Other states began to follow Connecticut's example. Michigan, Georgia and Minnesota were amongst the next to follow. "By 1955, thirty-one states had alcoholism commissions" (Tarter, 1976).

It was not till "1966 that the first organized federal action took place, when President Lyndon Johnson announced the creation of the National Center for Prevention and Control of Alcoholism" (Tarter, 1976). In 1970, the federal government took a stronger commitment on the control of alcoholism through P.L. 91-616. This law mandated "the development and implementation of comprehensive health, education, training, research and planning programs for the prevention and treatment of alcohol abuse and alcoholism and the rehabilitation of alcohol abusers and alcoholics. The law, titled <u>The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970</u>, created the (NIAAA) National Institute on Alcohol Abuse and Alcoholism" (Tarter, 1976). The law was amended again in 1974. Its most important aspect was the appropriation and assignment of grant funds for states to develop programs, treatments, etc. for alcohol

abuse.

Also note, that in 1966 when the federal government took its first stand to help the alcoholic, it was also at this time that alcoholism took on an even greater turn in the world of medicine. It wasn't until 1966 and federal exposure to the country that the medical profession finally recognized alcoholism as a disease.

Due to the landmark of the medical profession declaring alcoholism a disease now, it sparked another important step for alcohol abusers. In the early 1970's the first insurance company finally covered the disease of alcoholism. "This occurred in Long Grove, Illinois, through the group called Kemper Group Ins." (Desmond, 1987).

The drinking of alcohol has been an integral part of our culture and society. Though we have made some very positive advances in the field of alcoholism since 1935, we are now embarking on a new history of alcoholism that has not been written on or considered much before 1970. This is the history of the alcoholic child in the elementary schools. Young people are drinking and with devastating consequences. "It is no longer unusual for ten and twelve year olds

to have serious alcohol or other drug problems" (Roth & Friedman, 1987).

Dealing and finding these types of alcoholic drinkers is an especially complicated task. Throughout our past history, the adult alcoholics were out in the open, in the public's eye for the most part. These new generation of alcoholics are in our classrooms, on the playgrounds, and home alone while parents are working, and in many times, in divorced homes or homes where parents are separated and the parental guidance is not available.

"Statistics show that over the past couple of years facts are pointing to the fact that the switch is on among young people - from a wide range of drugs to alcohol, which is far and wide the drug of choice among youth" (Milbauer, 1976). In 1975, a conservative estimate of child and teenage alcoholics was approximately 500,000; this estimate was put together by major associations dealing with alcohol.

It was also at this time in 1974-75, that the fellowship of Alcoholics Anonymous began meetings for young people around the country. Alcoholics Anonymous again noticed the changing trend before all other alcohol related fields. They saw that the people

coming to meetings were not always in their 30's and 40's; they were starting to come to A.A. meetings in their early 20's and even late teens.

In a random sample throughout the country, all communities reported some alcohol problems. "However, almost without exception, suburban areas reported severe and increasing problems among the younger school children" (Milbauer, 1976).

A study done in San Mateo County, California, shows "close to 10% of the seventh graders had consumed more than 50 drinks a year during the period between 1968-1974" (Milbauer, 1976). Similar studies around the country report similar findings.

"Interviews with youngsters in Brookline, Massachusetts, an affluent Boston suburb, revealed that 36% of its eighth graders and 14% of sixth graders reported having been drunk on beer and or wine" (Milbauer, 1976).

In 1985, a Parent Resource Institute for Drug Education (PRIDE), did a study of 6,155 seventh graders, "reporting that 43% were already experimenting with beer and wine and 23% with hard liquor" (Englebardt, 1986).

Young people, ten and twelve years old, are

already having serious alcohol problems. "Alcohol is considered a gateway drug" (Roth & Friedman, 1987). It is the first mind altering chemical these young children use and are usually introduced to first.

Weekly Reader did a survey of over 500 thousand school children nationwide. They found almost half the children reported peer pressure to drink by 9-12 years old.

The use of alcohol, before age 10, was reported by 185 thousand sixth graders, through a questionnaire done by "Parent's Resource Institute for Drug Education" (Roth & Friedman, 1987). This survey also tells us that the number of abuses under the age of 10 has doubled in the past 6 years.

Finally, from a "national survey of sixth graders, the report says over 30% of these students were getting high on alcohol in the past year. Also 3% of the 10 year olds and 11 year olds said they get drunk at least once a week" (Roth & Friedman, 1987).

Due to the scarcity of research data that focuses directly on the very young child currently using alcohol, and due to the anonymity of Alcoholics Anonymous, it is hard to get actual numbers of these children using and abusing alcohol. Yet, there are

enough statistics to cause a necessary alarm among educators and parents.

Educators and researchers alike have just begun to fully understand and report that alcohol is a dangerous drug. It is the oldest and most abused drug. Alcohol use by young people has doubled in the past four years and is increasing at an alarming rate (Englebardt, 1975). "All the signs and surveys show that a major switch in drug choice has taken place" (Englebardt, 1975). In fact, according to government statistics, the drug of choice among pre-teens as well as teens, now is alcohol!

Cross, W., 1979. Kids & Booze, What You Must Know to Help Them. New York. E. P. Dutton, pp. 1-165.

The information presented in this book is done in a question and answer form. The reading is non-technical, making it easy reading for the young people themselves. Anyone who wants a quick, straight, easily stated answer would find this book helpful.

It offers workable solutions to commonly asked questions from people experienced in dealing with alcohol abuse, including psychologists, other experts on the disease of alcoholism, and even young people themselves.

This book is recommended for a quick look at the alcoholic abuse problem among young people.

Siegel, H. H., 1973. Alcohol Detoxification Programs. Illinois. Charles C. Thomas Publisher, pp. 3-59.

This book spells out directions of guidelines for public officials, community agencies, and others to help establish detoxification centers.

It tells of how throughout history, the problem drinker was treated as a common criminal, rather than a medically ill person.

This book looks at the criminal system, the alcoholic, and the need for detoxification centers with medical help for these people in the early years of the history of alcohol abuse in our country.

Although this is a good source for anyone on how to start a detoxification center, the information comes mostly from the state of Illinois, and is not generally written.

Alcoholics Anonymous, 1957. Alcoholics Anonymous Comes of Age. New York: Alcoholics Anonymous Publishing Inc.

In understanding the problems of alcohol abuse and alcoholism one of the best resources seems to be from Alcoholics Anonymous itself. This fellowship began the first real turning point for helping alcoholics to recover. This book is about the history of that fellowship of Alcoholics Anonymous, telling how it began, where it began and how it spread to be worldwide.

It is a wide angle view of A. A. itself and its principles of recovery, its founders, and its message for alcoholics and non-alcoholics.

Highly recommended for a good understanding of Alcoholics Anonymous and its history.

Tarter, R. E., and Sugerman, A. A. Alcoholism - Interdisciplinary Approaches to an Enduring Problem. Massachusetts: Addison-Wesley Publishing Co. 1976.

Once again, this chapter on the history of alcohol abuse was definitely enlightening for the reader. Much research was done in this book that gives the reader a wide spectrum of knowledge about alcoholism, its history, causes, processes and treatment.

The book is easy to read and understand. Tarter and Sugerman have made a strong effort to recruit scholars from a worldwide arena, so as to keep the views on this topic open.

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Current State of the Art

Diagnosis, assessment and remediation have been sluggish areas of study in the field of alcoholism, especially in the area of the alcoholic child in our elementary schools.

The current state of the art has been progressing in the area of the young alcoholic really in only the last five years.

Recently researchers have been making great advances in the etiology of this disease, called alcoholism. One area researchers have studied for a good number of years is that of the culture and its role in the etiology. It was found that "American Indians, Eskimos, Irish and the French are only a few cultures in which alcoholism has long stood epidemic proportions" (Spickard & Thompson, 1985). Research has shown, for example, that "Navajo Indians have been known to have eight hundred drunk arrests per month" (Spickard & Thompson, 1985). The alcoholism in the cultures of Indians and Eskimos is said to be a national tragedy, though it is still the French who lay claim to the highest alcoholism rate known. "The average Frenchman consumes the equivalent of 18

martinis a day" (Spickard & Thompson, 1985).

Interesting enough, on the opposite spectrum are the Mormons, Moslems, Jews and Italians. Due to the fact that the Mormons and Moslems forbid the drinking of alcohol they have almost no alcoholism in their communities. The Jewish and Italian cultures have surprising low rates of alcoholism. One has to ask what separates these cultures from such differences in rates of alcoholism?

Reseachers have declared two factors significant in these cultures and their rates of alcoholism. One is the attitudes within the cultures, towards drinking in public and two, whether or not drinking takes place outside of meals in a specific culture. "Nations and communities that drink only at the dinner table and do not tolerate public drunkeness do not have high rates of alcoholism," says current research (Spickard & Thompson, 1985).

The findings of the American culture are not encouraging. Americans perform both of the two above factors, influencing alcoholism in cultures. "Americans habitually drink outside of meals and tolerate party drunkeness to such a degree that it is difficult to distinguish heavy drinkers from

alcoholics" (Spickard & Thompson, 1985).

Our cultural inclination toward excessive consumption of alcohol is no minor social problem. It is now affecting not only our social system in general, but it is moving down through our society from adults, to teens and now to elementary school children.

Another area of etiology of alcoholism that researchers have been looking at most currently is the area of heredity. It has been known for a long time that alcoholism runs in families, but this does not mean, of course, that alcoholism is inherited.

Researchers have been working in the area of genetic markers to see if the hereditary question can be answered. In one study done over a long period of time, four characteristics have been examined. "They are: one - blood group and serum proteins; two - secretion or non-secretion of ABH blood group substances in the saliva; three - taste sensitivity of subjects for solutions of phenylthioureas; four - color vision defects" (Swinson, 1983). Unfortunately, this study, like others, shows no conclusive evidence between a genetic marker and alcholism.

Though there has been no definite proof of

genetics and alcoholism, in October, 1987, researchers have come the closest they have ever been in linking the disease to a particular enzyme. Dr. Charles Lieber, associated with the Bronx Veterans Administration Medical Center in New York City, reported that "it had isolated a possible link between alcohol and cancer in humans.... The isolated link appears to be a member of the family of enzymes called cytochrome P-450s" (Desmond, 1987). Research further states "in the presence of alcohol, the cytochrome can turn certain chemicals in the body into carcinogens" (Desmond, 1987).

Dr. Charles Lieber's findings further supports research done through Harvard Medical School and National Cancer Institute. Here the researchers have found that "women who drink moderately may have a 30% to 50% greater risk of developing breast cancer" (Desmond, 1987). Heavy drinking among both sexes show a strong link to cancer of liver, lung, pancreas, colon and rectum.

Physically speaking, research has also made tremendous strides currently. There is no body system immune from the damage of alcohol consumption in sufficient amounts. The systems most affected by

drinking behavior are: the central nervous system (CNS), cardiovascular system, gastrointestinal system, respiratory system, muscle and skeletal system.

The main system researchers are concerned with is the central nervous system, which contains our most complex organ, the brain. This organ absorbs the most critical amount of the acute effects during and after alcoholic drinking.

Alcohol acts as a "sedative, blocking certain chemical reactions and nerve endings" (Goodman, 1987). Communication between brain cells shuts down or slows down and begins to function improperly.

Within the brain is the RAS, reticular activating system, "the relay system for incoming sensory stimuli and maintains activity and alertness of the other parts of the cortex" (Chambers & Siegal, 1987).

Alcohol stimulates then depresses the RAS, causing a releasing of a neurotransmitter hormone in the RAS for either process. This stimulation/depression process results in major functional changes in the brain" (Chambers & Siegal, 1987). These effects are measurable and include: "initial stimulation, depressed cognitive function, drowsiness, sedation, sleep, anesthesia, coma, death

from respiratory despression" (Chambers & Siegal, 1987).

Chronic abuse of alcohol has resulted in brain atrophy. Specifically, it has been "associated with enlargement of empty spaces in the brain - the ventricles and spaces between the folds in the brain tissue" (Chambers & Siegal, 1987). These types of findings help us to understand why alcoholics experience such a wide range of symptoms. Some experience blackouts in varying degrees according to the amount of brain damage. Other neurological complications that come from drinking, at any age, are Wernicke's syndrome, poor gait, mental confusion, poor concentration, inability to learn new information and poor memory.

These above findings are supported again from an interview with a member of Alcoholics Anonymous. She said that "Alcoholics Anonymous suggests that the first year of sobriety is mainly from the drink, to get out of the brain!" They suggest that a newcomer make no major moves or emotional changes, such as divorce, etc., for the first year of sobriety because it takes that long and longer for the brain to begin to function properly.

Despite the medical recognition of alcoholism as a disease 21 years ago, we have still yet to come across a universal definition for diagnostic purposes, in all professions involved with the alcoholic.

Alcoholics Anonymous have had their own set definition, that has been used for approximately the last 50 years, and is still considered a current definition. They believe that alcoholism is a three-fold disease: Spiritual, Mental and a Physical disease. Their definition can be further understood by their first step of recovery - "We admitted we were powerless over alcohol - that our lives had become unmanageable" (Alcoholics Anonymous World Services, 1955).

The fellowship of Alcoholics Anonymous has worked with alcoholics from all walks of life, for approximately 50 years and has found the above definition most sufficient in identifying anyone with disease.

The American Psychiatric Association now has currently settled on three basic criteria for diagnosing an alcoholic. They are: "physiological symptoms, such as hand tremors and blackouts; psychological difficulties, which include an obsessive

desire to drink; Behavioral problems that disrupt social or work life" (Desmond, 1987).

As educators, we must remember that we cannot ever diagnose a child as an alcoholic. Yet, there are some very distinct, visable signs and symptoms that educators should be aware of. As educators we must also be aware that we are dealing with a progressive, terminal disease; and we can only suggest where to get help, be there for guidance and understanding.

Elementary school alcoholics are not as anonymous as one might believe. When you become aware of the signs and symptoms, you encounter these children more often than you wish to.

Signs that a child has a drinking problem appear in varying degrees and must be assessed on an individual basis. "Some observable symptoms may be: 1) A child who is obviously vomiting, passing out, intoxicated; 2) Excessive drowsiness or restlessness; 3) Inability to concentrate; 4) Chronic lateness to class or lateness to class in a child who has a good record; 5) Slurred speech or difficulty talking by a child who has had no previous problem; 6) Any consistent changes in behavior in a child that might indicate personal problems; 7) Learn to distinguish

between children who have always had certain problems and those whose behavior patterns are changing" (Milbauer, 1976).

Though the above list was from 1976, it is still currently valid, useful information. A few other symptoms that educators should be aware of that can be observed in the classrooms are: 1) an excessive use of mouthwash or breath sprays at a certain time or times of day, especially if this is a changed behavior; 2) red eyes or swollen eyes - especially in children with no known history of allergies or eye trouble (Towers, 1987). These children also have a physical need for excessive bathroom use, especially at a certain time of day. When the child in your classroom is obsessed with verbal expression on the topic of alcohol, it is a good indicator to keep alert for signs of the disease of alcoholism. Another sign to keep in mind is if the child makes many drawings with indications of alcohol. This is another form of early signs of mental obsession with alcohol and its use and abuse.

Identifying these children is a complicated task, but the next step may offer more resistance and frustration than the identification process. Assuming

you have identified a child who is alcoholic, the next step depends on whether the child comes to you in confidence or you approach the child.

If the child comes to you in confidence and tells you he has a problem with alcohol, you must keep his trust and confidence. As an educator you must talk over a plan of action acceptable between you and the child.

On the other hand, in the steps of remediation, educators must remember that their first step in the role of remediation is that of understanding that the child you have identified has a disease, a very active disease. Your next role as an educator is to state simply and accurately the identifying symptoms that have caused you this alarm. As educators, we must always remember to guide, support and understand these children - never try to diagnose, that must be left only to a child's physician or himself or herself.

There are some specific steps that are suggested if you suspect a child has a problem. Step one - "express your concerns to the student, step two - notify the parents of your concerns (either through administration or yourself), step three - consult with and/or refer to appropriate staff, step four -

participate as appropriate as possible in the intervention plan" (Tower, 1987).

Teachers who are not comfortable about approaching students about alcohol abuse, should at least express to the child his concern over noted behaviors. It is necessary to let the child know that you are there, ready to help him/her in anyway necessary. Educators should never totally ignore the situation. If the behaviors once discussed persist, be prepared next time to initiate conversation about suspected alcohol abuse. Avoiding the topic may only add to the problem.

When notifying the parents or guardian, at first express concern, state observable behaviors, inquire if the parent has noticed any of them also. A suggestion to consult a physician or counselor might be made depending on the frequency and severity of observable symptoms.

Remediation in the disease of alcoholism is a slow process. It sometimes takes more time just to develop enough trust among the child and everyone concerned and remediation must be a very individual thing. As educators it is very important to know what is available to alcoholic children as far as

treatments are concerned. Sometimes a child or parent develops such confidence and trust in the teacher. You may be the key tool in helping to initiate the proper help for the child.

The types of treatment and stages which the alcoholic child has to go through depend on how sick he is when he first gets help. There are basically three main options available for the alcoholic child. "The first is an inpatient treatment at an alcoholic rehabilitation center" (Spickard & Thompson, 1985). The amount of time a child can spend here varies depending on the severity of the problem and the family's ability to afford this type of treatment. They are usually very costly and if the child is not covered by medical insurance, it would not be advisable to suggest this type of remediation program.

The types of programs the children will encounter vary from center to center. The programs usually are of a "loving acceptance and tough confrontation compels the alcoholic toward honest self assessment" (Spickard & Thompson, 1985).

Most reputable rehabilitation centers, as well as psychologists, psychiatrists, courts etc., will also incorporate meetings involving Alcoholics Anonymous

into their programs.

There are hundreds of excellent treatment centers for alcoholic children. A list can be obtained of accredited programs, by writing to "National Association of Alcoholism Treatment Programs, 2082 Michelson Drive, Suite 200, Irvine, California 92715" (Spickard & Thompson, 1985). You can also check locally with Alcoholics Anonymous to get an inside story of a local treatment facility.

The second option available for children is the outpatient treatment centers. These programs are basically the same as inpatient facilities, except the children do not live there. Here the student can still go to school and live at home and still receive treatment. This is also a good option for a family who has limited financial resources.

The third and probably most significant option is a fellowship of men and women and currently young people of Alcoholics Anonymous.

Alcoholics Anonymous is a program of recovery with no rules and regulations. No dues, fees or tuition payments. Only twelve steps and twelve traditions that are suggested to help the alcoholic child recover.

"The twelve steps of recovery are as follows:

Step 1) We admitted we were powerless over alcohol - that our lives had become unmanageable.

Step 2) Came to believe that a Power greater than ourselves could restore us to sanity.

Step 3) Made a decision to turn our will and our lives over to the call of God as we understood Him.

Step 4) Made a searching and fearless moral inventory of ourselves.

Step 5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step 6) Were entirely ready to have God remove all these defects of character.

Step 7) Humbly asked Him to remove our shortcomings.

Step 8) Made a list of all persons we had harmed, and became willing to make amends to them all.

Step 9) Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step 10) Continued to take personal inventory and when we were wrong promptly admitted it.

Step 11) Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

Step 12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our

affairs."
(Alcoholics Anonymous World Services, 1953)

The twelve traditions are equally important to the recovery of the alcoholic child, but are not worked on much till the alcoholic has collected some good amount of sobriety. The twelve traditions help to maintain Alcoholics Anonymous, anonymous and why. They are also suggestions, yet never to be altered. They are as follows:

"Tradition 1) Our common welfare should come first; personal recovery depends upon A.A. unity.

Tradition 2) For our group purpose there is but one ultimate authority - a loving god as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

Tradition 3) The only requirement for A. A. membership is a desire to stop drinking.

Tradition 4) Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

Tradition 5) Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.

Tradition 6) An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

Tradition 7) Every A.A. group ought to be fully self-supporting, declining outside contributions.

Tradition 8) Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

Tradition 9) A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

Tradition 10) Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

Tradition 11) Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

Tradition 12) Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities." (Alcoholics Anonymous World Services, 1955)

This option of recovery is available to anyone and everyone. Unlike the first and second options, there are no dues or fees, there is no certain age to join and no one is in charge, except God. This is a program of suggestions. This is an ideal program for even a young alcoholic. The child can remain in school and get help morning, afternoon or evenings of everyday for free. He can attend as many meetings as he feels

he needs at no cost! The cost many times is a very big obstacle to overcome. Here in A.A. it presents no burden to the child or parents.

Whatever option the alcoholic child or the family of that child chooses for the child, everyone involved must remember they are dealing with a progressive, terminal illness in which the recovery will be life long.

As educators we will play a very important role in helping the child upon re-entry into the school life again. When the youngster enters back to school, he will enter usually with much fear, anxiety and even new hope for a better future. It is "at this time, the youngster is particularly vulnerable and in search of encouragement, support and understanding of the attitudes and skills learned in the treatment are to be maintained" (Towers, 1987).

Here in this new situation in the classroom, with a recovering alcoholic child, the teacher must again be aware of symptoms. These symptoms are those that may lead to relapse. Here is the list of symptoms for parents and educators to watch for:

"1. Exhaustion. Allowing yourself to become overly tired or in poor health. Some alcoholics are also prone to work addictions--perhaps

they are in a hurry to make up for lost time. Good health and enough rest are important. If you feel good, you are more apt to think well. Feel poor and your thinking is apt to deteriorate. Feel bad enough and you might begin thinking a drink couldn't make it any worse.

2. Dishonesty. This begins with a pattern of unnecessary little lies and deceits with fellow workers, friends, and family. Then come important lies to yourself. This is called rationalizing--making excuses for not doing what you do not want to do, or for doing what you should not do.

3. Impatience. Things are not happening fast enough. Or others are not doing what they should or what you want them to.

4. Argumentativeness. Arguing small and ridiculous points of view indicates a need to always be right. 'Why don't you be reasonable and agree with me?' Looking for an excuse to drink?

5. Depression. Unreasonable and unaccountable despair may occur in cycles and should be dealt with--talked about.

6. Frustration. At people and also because things may not be going your way. Remember--everything is not going to be just the way you want it.

7. Self-Pity. 'Why do these things happen to me?' 'Why must I be alcoholic?' Nobody appreciates

all I am doing--(for them?)

8. Cockiness. Got it made--no longer fear alcoholism--going into drinking situations to prove to others you have no problem. Do this often enough and it will wear down your defenses.

9. Complacency. 'Drinking was the farthest thing from my mind.' Not drinking was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always to have a little fear is a good thing. More relapses occur when things are going well than otherwise.

10. Expecting too much from others. 'I've changed; why hasn't everyone else?' It's a plus if they do--but it is still your problem if they do not. They may not trust you yet, may still be looking for further proof. You cannot expect others to change their life-styles just because you have.

11. Letting up on disciplines. Prayer, meditation, daily inventory, A.A. Attendance. This can stem either from complacency or boredom. You cannot afford to be bored with your program. The cost of relapse is always too great.

12. Use of mood-altering chemicals. You may feel the need to ease things with a pill, and your doctor may go along with you. You may never have had a problem with chemicals other than alcohol, but you can easily lose sobriety starting this way--about the most subtle way to have a relapse. Remember you will be cheating! The reverse of this is true for drug-dependent persons who start to drink.

13. Wanting too much. Do not set goals you cannot reach with normal effort. Do not expect too much. It's always great when good things you were not expecting happen. You will get what you are entitled to as long as you do your best, but maybe not as soon as you think you should. 'Happiness is not having what you want, but wanting what you have.'

14. Forgetting gratitude. You may be looking negatively on your life, concentrating on problems that still are not totally corrected. Nobody wants to be a Pollyanna--but it is good to remember where you started from--and how much better life is now.

15. 'It can't happen to me.' This is dangerous thinking. Almost anything can happen to you and is more likely to if you get careless. Remember you have a progressive disease, and you will be in worse shape if you relapse.

16. Omnipotence. This is a feeling that results from a combination of many of the above. You now have all the answers for yourself and others. No one can tell you anything. You ignore suggestions or advice from others. Relapse is probably imminent unless drastic change takes place."

For accurate assessment of the treatment of alcoholism, teachers are a most valuable tool. The teacher should be aware of the exact date of the return of the child to the school and they should be apprised of the child's current status in the

treatment of the disease. This information is vital for all educators involved, not just the teacher, as they may be sensitive to the child's needs and vigilant for observing any signs that may appear again from the disease. The child may need further assistance or some other adjustment to the school setting if his disease shows active signs of alcoholism again.

Classroom teachers are in an exceptionally good position to monitor behavior and report any changes on a daily basis if necessary. Their commitment and concern, when combined with appropriate knowledge and skill in understanding and identifying the symptoms of this disease, can save lives.

The actual assessment of the program of recovery for the alcoholic child, depends largely on how well the child can learn to live a life free of alcohol use on a daily basis and function in society, which will be a life-long process.

Twelve Steps and Twelve Traditions, by Alcoholics Anonymous World Services, 1955.

This book gives an explicit view of the principles by which Alcoholics Anonymous' members recover and through which their society functions.

The twelve steps are spiritual in nature which, if practiced daily, can help rid the obsession to drink and enable the sufferer to become happy and live a full life.

Alcoholics Anonymous' twelve traditions apply to the fellowship itself. They outline the way A.A. maintains its unity and how it relates itself to the world.

This book is easy reading, easy enough for the foggiest alcoholic to understand, yet profoundly enough that anyone could spend a lifetime practicing them.

Alcoholics Anonymous, by Alcoholics Anonymous World Services, 1955.

This is the basic text for all Alcoholics Anonymous members. The first portion of this book describes the recovery program and has been largely untouched through its revisions.

A personal history section has been added, revised and enlarged greatly. The stories represent all types of alcoholics in all walks of life, how it was and how it is for them today.

The stories are interesting and so diverse, that anyone could pick up this book and find a chapter that would interest them. The chapters deal with families afterward, wives, how it works, a solution, doctors and professionals who are alcoholic, soldiers, etc.

Definitely something for everyone in this book, alcoholic and non-alcoholic alike.

Dying for a Drink, by Anderson Spickard, M.D., and Barbara R. Thompson, 1987.

This book tackles all aspects of the disease of alcoholism most completely. Written simply enough for anyone that is looking for guidelines for an alcoholic child.

They mention a very important aspect - the family. This is a family disease and they deal with how it affects the family and where they can get help.

It also gives the educators some very clear concepts to look at in dealing with a child with a chemical dependency and gives suggestions in directions to take in helping the alcoholic child.

Definitely recommend this book for anyone interested in clear basic facts about alcoholism and sources for recovery.

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Needs Assessment

Research in the past five years has been showing us that children are drinking in the elementary school years. Since this is so, we most definitely have a great need for improvement in our education specific to alcohol and alcohol abuse in our elementary schools.

One of our most prevalent needs is that our elementary school children must be educated to understand that alcohol is a drug. That it is "a substance that affects the nervous system, alters moods and behavior, and it's potentially dangerous" (Roth & Friedman, 1987).

Educating children that alcohol is a drug becomes a difficult task. Its complexity is due to the mixed messages children receive about alcohol through all types of media. We tell children that it's illegal to drink before 21 by law, after that it's o.k., by law. The advertisements on television show the use of alcohol with children's althletic idols and at parties, showing only the glamorous adventures involving alcohol. They need to see commercials of broken homes, homeless, parentless hungry children due

to alcohol abuse. They need to see how young people's lives are negatively affected by alcohol.

"Lack of information about alcohol and its harmful affects, coupled with alcohol's unique status as a socially acceptable, legal drug, puts all children at risk for developing alcoholism and related problems" (Roth & Friedman, 1987).

One way to help educate these children is through their curriculum - a much needed change in our schools. Currently we do not educate elementary school children through their routine school curriculum. We need publisher's to develop science books or health books beginning with kindergarten, incorporating a chapter on drug education along with strategies to learn to say NO - to drugs, meaning alcohol too!

Another need for educating the elementary child is teachers who are willing to learn as much as possible about alcohol and drug abuse and having resources always available for any child who comes through their classroom with a need for resources and help.

This can be done as simply as creating a corner in their rooms with books and pamphlets available for

reading at any child's free reading or free classroom activity time.

We also need to make our school libraries help us in making these books and pamphlets readily available for children.

Still yet in our needs in alcohol education, is the education of the prevention of this disease of alcoholism. Some researchers suggest we can borrow the programs used by heart disease programs. "Programs that focus attention on both family history of the illness and lifestyle choices" (Roth & Friedman, 1987).

Here we could teach children that if someone in their family line has a problem with alcohol, that it could also affect them at any given time. Families could teach, as well as schools, that it's a family disease in more ways than one. Children should learn early the consequences if they choose to use or abuse alcohol. They need the knowledge of what signs and symptoms to be aware of in themselves. Then most importantly their need to learn strategies on how to live without alcohol in their life.

Education about alcohol abuse in school districts comes mainly from a very weak program from a main

central office. There needs to be an information area and program available in every school with a qualified educator in the field of alcohol and drug abuse.

These programs need not only give information about what the drug can do, but strategies on how to cope with alcohol abuse in their families, or themselves and what resources are available. Our programs need someone readily available on a daily basis not once in a while or once a month.

There are many programs out in the public schools, but the research is not readily available as to their effectiveness.

One such program is called DARE (Drug/Alcohol Rehabilitation/Education). Its executive office is here in New York, but it's not implemented in all New York schools.

"The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has developed a curriculum in Seattle, Washington" (Towers, 1987). This program has been field tested in a number of states, but not as yet nationwide.

There are two programs that are used as models across the country, but they are geared towards teenagers. They are "The Student Assistance Program

in Westchester County, New York, and the CASPAR Program in Somerville, Massachusetts" (Graeber, 1985).

Currently there is nothing as such, nationwide, for our elementary school children. A most interesting fact is that if you ask the teenagers when they started drinking, most of the time you will hear they started between 9 years old and 12 years old; and yet we wait till they're older to get them help! We need to start in the elementary years, now!

As a nation of young children who are suffering from this disease of alcoholism, we need national and statewide educational programs that are mandatory, not just experimental.

Are You Dying For a Drink? by Laurel Graeber. 1985.

This book is written and geared mainly toward the teenager. Yet, it is written simply enough for an elementary child to understand.

It gives a clear, simple explanation of alcohol abuse. This book ranges from drinking problems to effects on the body and mind, finally to a family disease concept.

Lastly, it gives resources and places to get help and give a simple direct explanation of each type.

I would recommend this type of book to be kept available in a school library or teacher's classroom. Its fast, easy reading can give anyone some quick important information.

Alateen - Hope for Children of Alcoholics. by Al-Anon Family Group Headquarters, Inc. New York: 1973.

This group is another offshoot of Alcoholics Anonymous. Alateen is geared for young teens who have someone in their family who has trouble with alcohol. It is also useful if they have a close friend who is alcoholic or boyfriend or girlfriend.

Alateen is a self-help group for teens, following the A.A. structure. Here teens learn that alcohol abuse becomes a family disease.

The groups are run and follow the twelve steps and traditions of A.A., to teach young teens to live a fruitful life.

Another book that should be available in every school library and/or classrooms.

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New Directions

"We are already the most alcohol ridden society in the history of the world" (Fort, 1976). It's time for a new vision and new morality, which can compete with this alcohol ridden culture.

The public, in the next five to 10 years, must "mount strong legislative lobbies as well as engage in school-based education programs" (Roth & Friedman, 1987).

The National Council on Alcoholism (NCA) suggests a promising approach to alcohol specific education. The concept strives for three main objectives:

1. Delay the age of onset of drinking
2. Increase abstinence among children
3. Decrease high risk drinking

(Roth & Friedman, 1987)

This removes alcohol abuse from the moral issue and puts it in the area of health promotion/disease promotion. An extremely slow-moving but new direction is the removal of the social stigma attached to the alcoholic, at any age. This negative attitude toward the alcoholic, due to the lack of knowledge about the disease, causes the road to recovery to be unnecessarily long.

Our educational systems and legislation must implement changes in the near future to help our young children fight and become educated against this disease. Here are a few suggested changes:

1. Promote counter-advertising on broadcast media that address the health risks and the down side of drinking.
2. Restrict advertising and marketing strategies geared to the youth market.
3. Restrict the use of celebrities including athletics, in alcohol advertising.
4. Enact federal legislation that requires health warning labels on alcoholic beverage containers.
5. Increase federal excise tax on alcoholic beverages. Beer and wine taxes have not been increased since 1951 and studies have shown that youth are particularly price sensative.
6. Increase enforcement of alcohol sales to minors..." (Roth & Friedman, 1987)

Among the above changes that are in our future direction in alcohol education, we have another

recommendation - that is to further the direction of research. To obtain the most ideal and effective programs for educating our young children we need to research areas further in:

1. Etiology of alcohol abuse/alcoholism
2. The effectiveness of our current prevention programs.

Another future direction must come within the families of the youth who have a problem with alcohol. We must see increasing participation in alcohol education of the families involved. We as educators of the elementary school children may be the initial tool through which everyone involved may become educated. Therefore, it will always be crucial to be open and educated in the field of alcohol abuse in order to be able to give the help and guidance these children and families need.

Teachers, or any educator, can only give suggestions to parents and children. Below are some suggestions for parents to help prevent alcohol abuse and practice keeping communications open between parents and children.

1. Begin talking with your children about alcohol at an early age (five or six is

not too young).

2. Let your children know it's not o.k. if they drink.
3. Teach your children that there are people who care and who want them to say "no" to alcohol.
4. Discuss alcohol advertisements with your children.
5. Encourage attitudes toward alcohol that may decrease the chances of a problem.
6. Read current literature about alcoholism and become familiar with early warning signs of alcohol problems.
7. When possible, watch programs together on television that address alcohol and other drug use and discuss the program with your child. (Roth & Friedman, 1987)

The future directions must be implemented soon, for we are in a crisis state already. Alcohol education must become a top concern for educators now, as drinking early in our elementary years is still currently a large problem. Time and education are crucial for our youngsters in our elementary schools.

Getting Touch on Gateway Drugs. by Robert L. Du Pont, Jr., M.D. Washington, D.C.: American Psychiatric Press, Inc. 1984.

This book focuses in on three drugs that Dr. Du Pont considered gateway drugs for America's youth.

The author feels tha best defense for the youth's and their families is knowledge, scientific knowledge on the Drug Dependence Syndrome.

He describes sensible roles for the parents, youth and siblings involved, along with treatments available.

The emphasis in this book is on family action, as the main way for alcohol or any drug problem.

This book is written more for an older reader or parents, not specifically for the young elementary child.

One Day at a Time in Al-Anon. Author Anonymous. New York: Al-Anon Family Group Headquarters, Inc. 1973.

This book is another offspring of Alcoholics Anonymous. It is for the family members (not young teens) who have an alcoholic in their lives. They learn to live one day at a time and try to get their life in order through these self-help meetings.

"It discourages dwelling on past errors and disappointments; visualizes the future only as a series of new days, each a fresh opportunity for self-realization and growth" (Anonymous, 1981).

Most valuable book for anyone who would like a new way of contemplating each day.

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